Statement of Expenditures



Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo				
To Whom Paid Expenditures From Form 31-F			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Amount \$475.00
Address	Purpose			· · · · · · · · · · · · · · · · · · ·
City	State OH	Zip Code	Check Number	
To Whom Paid	· · ·		M D Y	Amount
Address	Purpose		<u> </u>	
City	State OH	Zip Code	Check Number	
To Whom Paid		1	M D Y	Amount
Address	Ригроѕе			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose	:		
City	State OH	Zip Çode	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	OH State	Zip Code	Check Number	
To Whom Paid		•	M D Y	Amount
Address	Purpose			
City	OH,	Zip Code	Check Number	
To Whom Paid		,	M D Y	Amount
Address Purpose .				
City	State OH	Zip Code	Check Number	,
To Whom Paid		:	M D Y	Amount
Address	Purpose		•	
City	OH.	Zip Code	Check Number	